Home Care Nova Scotia: Update

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Home Care Developments for 1997

Home Care Nova Scotia will continue to grow in 1997-98 with approximately $10 million in new funding to consolidate the delivery of the program's core services (Chronic Home Care and Home Hospital Care) and to introduce new, targeted services in key areas.

Home Care's budget for 1997-98 grows to $69.8 million, an increase from approximately $60 million in 1996-97. A similar funding increase for the Home Care program is anticipated for 1998-99 to meet expected program growth, additional targeted services and to help achieve multi-year planning.

New funding will lead to the province wide introduction of a home oxygen services this spring through Home Care Nova Scotia. Specific medical eligibility criteria have been developed for this service, which is targeted to people with low blood oxygen levels. It is anticipated that approximately 400-600 Nova Scotians will receive home oxygen services through the program.

In addition, the new funding will make it possible to introduce Palliative Home Care on a targeted basis. The service will be integrated with existing services based in communities and hospitals, where appropriate and where they are currently in place.

Consistent with the *Plan for Implementation (1994)*, Home Care Nova Scotia will join forces with the IWK-Grace in 1997-98 to develop a project for the delivery of home care to children with orthopedic problems. The project will be pilot tested in 1997-98 as part of the step-wise expansion of the province's Home Care program.

To help Home Care clients realize their full independence, the expanded budget for 1997-98 allows for the targeted, limited introduction of occupational therapy services in each of the province's four health regions. Services will focus on people with the greatest needs and greatest potential for rehabilitation. There will be room for future expansion as more funding becomes available.

A pilot project in Self-managed Care has been under way since April 1994. It is expected the project will be integrated into Home Care Nova Scotia in the coming year. Throughout the year, a small number of existing Home Care clients with specific needs may be candidates for Self-managed Care.

In a recent consultation on future directions for the Home Care program, participants said it was important to focus first on solidly establishing core home care services, and to test pilots for expanded services with selected projects. Greater funding for 1997-98 allows Home Care Nova Scotia to do both.

In another step, better integration of Home Care services will be achieved by exploring bridges and linkages with hospitals, the long-term care sector, volunteer services and mental health services over the next year.

Home Care Nova Scotia requires a strong and flexible communications and information infrastructure to help deliver effective and efficient care to Nova Scotians. This summer, the Home Care program will be set for the province-wide launch of SACPAT (Screening Assessment Care Planning Auotmated Tool), a new computer tool developed in partnership with the Province of Manitoba to assist with case management.

Care coordinators will be equipped with laptop computers to better manage the delivery of care to clients, intake, hospital referrals, assessments, admissions, discharges and ongoing case management. Information can be collected in a client's home or hospital room and sent immediately to the agency that will be providing care, eliminating time-consuming steps.

Home Care planners and policy makers will use information collected with this computer tool to enhance evidence-based decision-making for future program development.

Consistent with the *Plan for Implementation* and *Blueprint to Building*, work continues on building a more efficient and effective entry into continuing care services. Home Care Nova Scotia is working with Long Term Care to create a single entry access and assessment process for the province.

The province's Home Care program isn't made of the bricks and mortar of hospitals, the parts of the health care system that are the most visible. As an example of health care reform, Home Care Nova Scotia is not as apparent as new ambulances or the air medical transport helicopter, other than to people receiving Home Care and their families. But since the launch of comprehensive Home Care in June 1995, the number of people who have benefited from services has jumped from 7,000 to approximately 18,000.

The carefully planned growth and expansion of the Home Care program has placed it on sustainable footing. Thousands of Nova Scotians will benefit in future from the quality health care offered through the Home Care Nova Scotia program.

Home Care's focus will remain the same: to assist Nova Scotians to achieve and maintain their maximum independence by providing appropriate high quality home care services. At the same time, logical and sensible progress in the delivery of programs will keep Home Care sustainable.

A recent caseload review of the Chronic Home Care category of the home care program has helped to hone and target home care to provide the right services to the right people, and to position the program for a sustainable future. The review made it possible to maintain and to increase services where appropriate and to decrease them where appropriate, ensuring that basic health and safety needs are being met.

Sustainable growth, increased funding and a gradual and sensible maturing of the program will characterize Home Care this year and next. Quality health care will be the result.

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How Far We've Come

The Foundation

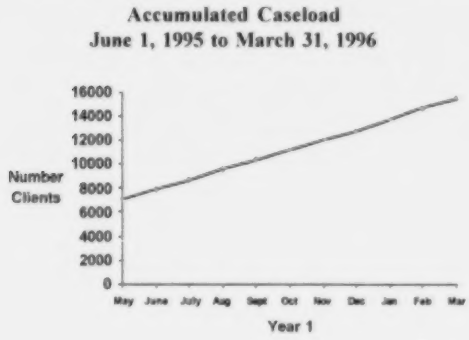
Starting June 1, 1995 we opened the doors to Home Care Nova Scotia with the following elements in place:

- a 1-800 number for potential clients to contact the program;
- services available every day of the week around the clock, providing needed access at important times;
- a streamlined assessment process;
- enhanced accountability by separating intake, assessment and allocation of resources from the delivery of services;
- care coordinators, trained and responsible for assessment, care planning, resource allocation, and ongoing case management, located in hospitals and communities to help provide seamless service delivery;
- Chronic Home Care (including policies on Eligibility, Entitlement and Payment); and
- Home Hospital Care (including policies on Eligibility, Entitlement and Payment).

Program Growth

This foundation has helped to create a program that is open to people of all ages who can be cared for safely and effectively in the comfort of their homes.

The number of clients served by Home Care Nova Scotia has grown remarkably. The budget for the program has more than doubled. And program growth will continue.



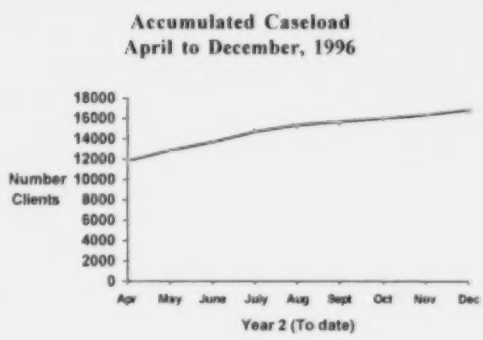


Figure 1

Figure 2

(Note: each year caseloads are measured starting with the active clients carried over from the previous year.)

The changes mean more Nova Scotians have benefited from Home Care services than ever before. In the first year for comprehensive Home Care, the number of Nova Scotians benefiting from the program more than doubled from approximately 7000 to 15,450 (Figure 1). During Home Care Nova Scotia's second year, 16,715 clients had used the home care program by the end of December 1996 (Figure 2). By March 31, 1997 it is expected that approximately 18,000 clients will have benefited from the Home Care program.

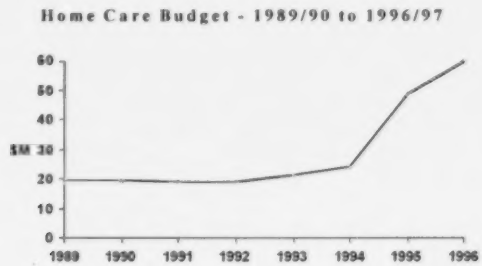


Figure 3

More funding has been allocated to pay for the new Home Care program. And even more funding will be dedicated to Home Care in future. Home Care spending climbed from $22 million under the old program to approximately $49 million in 1995/96, and to $60 million in 1996/97 (Figure 3).

Quality Management Initiatives

A better Home Care program for the province also means key steps have been taken to ensure clients receive high quality care. A few of those steps include:

- implementation of a continuing quality management program, including:
  - hiring a Coordinator, to develop and implement a province-wide quality management program;
  - developing standards for the service delivery to our clients by nursing and home support agencies;
  - initiating a regular audit of agencies who provide care;
- an ongoing evaluation of the home care program, including a program review at the end of the first year; and
- development of a computerized case management system for better assessment, and information storage and retrieval.

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Program Review

Development of Resource Allocation Guidelines

June 1996 marked the one year anniversary of Home Care Nova Scotia's implementation. To ensure the delivery of the right services to the right Nova Scotians at a sustainable cost, a planned program review was undertaken. The review involved revisions to Home Care Nova Scotia policy and the allocation of resources. Resource Allocation Guidelines were formalized to provide a consistent framework for Care Coordinators to review their caseloads, and authorize service for new clients.

New Resource Allocation Guidelines:

- Place increased emphasis on level of risk/need. Home Care Nova Scotia's mandate is to provide services to individuals who would face increased risk of illness, injury, institutionalization, or informal support network collapse if Home Care services are not provided.

- Focus home support services (cleaning and laundry) to address the basic health and safety needs of clients. The guidelines allow for provision of essential cleaning and laundry services to high-risk clients who require these services to maintain health and safety.

- Target Home Care Nova Scotia services on clients who are unable to access services outside the home. Individuals who are able to reasonably access services outside the home are expected to use appropriate community resources (i.e. clinics, foot care services, Meals on Wheels).

- Place increased emphasis on teaching clients or informal caregivers to provide care safely in the home.

- Support the provision of family relief services.

Changes to Policy:

- The maximum entitlement for Chronic Home Care services was adjusted to $2200 per month. This figure is consistent with the cost to government for placement in a long term care facility.

- Chronic Home Care client fees for home support services were increased to $6 per hour (from $5), with the monthly maximum increasing slightly from $300 to $360. Individuals with low income continue to receive home support services without fees.

Process

A planned review of the entire caseload took place from September to December 1996. Care Coordinators used the new Resource Allocation Guidelines as a framework to review every client on their caseload. The goal was to ensure that clients were accessing informal and community resources appropriately and were getting the right Home Care Nova Scotia services to meet unmet functional needs, in a healthy and safe environment. Care Coordinators consulted with clients to make sure that alternate service arrangements were made before negotiating a discontinuation or reduction in service.

Caseload Statistics

Care plans for 10,761 clients were examined in the caseload review. The table below shows the distribution of clients by health region on August 26, 1996, when the review began.

Active Clients by Health Region
August 26, 1996

Region	Active Clients
Central	3,034
Eastern	3,124
Western	2,692
Northern	1,911
Province	10,761

Service Breakdown

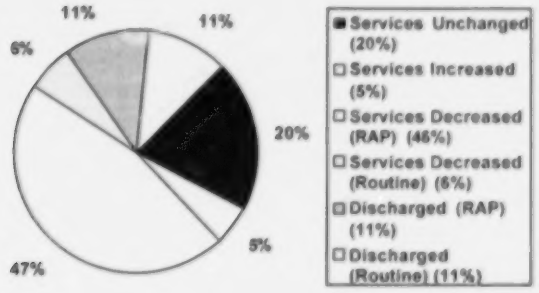

Figure 4

Of these clients, 78% were still receiving services from Home Care Nova Scotia at the end of the review (Figure 4). As a result of careful review of the needs of the clients on the program at the time of the review:

- 20% did not have any changes in their services;
- 5% had their services increased;
- 46% had their services decreased as a result of new Resource Allocation Guidelines; and
- 6% had their services decreased because of changes in their unmet needs.

Of the 2,333 clients discharged from the program, half were discharged because of changes in their situation and they were no longer in need of home care services. The other half were discharged because of the new Resource Allocation Guidelines.

Tasks Affected by RAP Changes

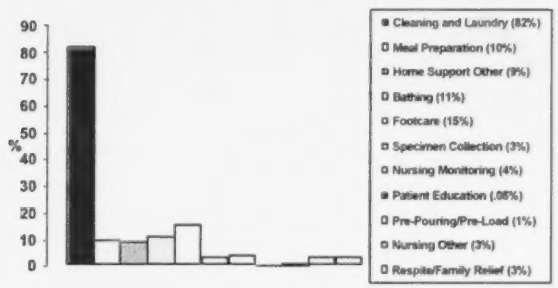

Figure 5

Of those clients with their services decreased as a result of the new Resource Allocation Guidelines, the most frequent effect was a decrease in the frequency of their cleaning and laundry services (82% of cases) (Figure 5). Other services affected included: meal preparation (10%), bathing (11%) and footcare (15%).

Meeting Needs

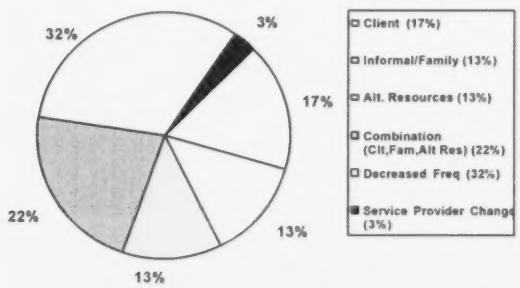

Figure 6

Clients whose services were decreased as a result of the new Resource Allocation Guidelines, had or arranged to have some of their needs met by other sources, such as: self (17%), family or other informal caregivers (13%), alternative resources (13%), or a combination of the above (22%) (Figure 6).

Just under one-third (32%) of the clients experiencing a decrease in services continue to receive services through Home Care Nova Scotia (Figure 6). It was determined that a reduction in the frequency of service would not jeopardize client health and safety.

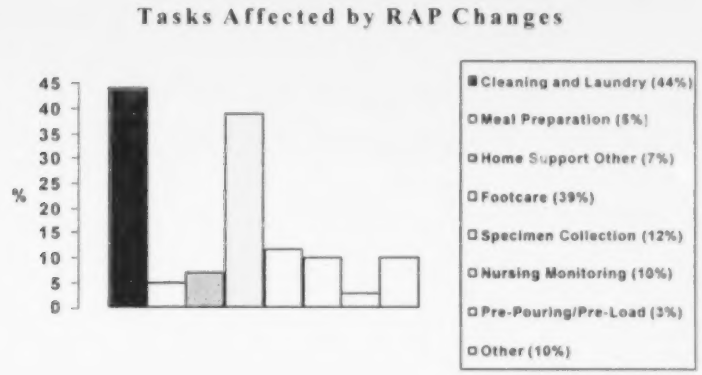

Figure 7

Of the 1,140 clients discharged from the program as a result of the new Resource Allocation Guidelines, 44% had been receiving cleaning and laundry services and 39% had been receiving footcare (Figure 7). Other tasks affected, but for only a small number of clients, were meal preparation, specimen collection, nursing monitoring and pre-pour/pre-load of medications. During the caseload review process care coordinators identified a number of clients whose needs could be reasonably met through a variety of sources. Of those clients discharged from the

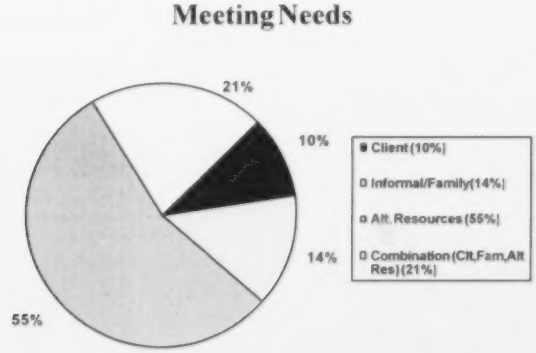

Figure 8

program these sources included: self (10%), family member or other informal caregivers (14%), other resources in the community (55%), or a combination of these (21%) (Figure 8).

Overall, the impact of the program review on clients was similar across the four health regions.

Impact of Program Review on Clients
By Health Region

	Central	Eastern	Western	Northern	Province
Active Caseload					
Services Unchanged	399 13%	710 23%	521 19%	564 30%	2,194 20%
Services Increased	193 6%	149 5%	139 5%	94 5%	575 5%
Services Decreased (new Resource Allocation Plan guidelines)	1,468 48%	1,377 44%	1,402 52%	756 40%	5,003 46%
Services Decreased (Routine)	137 5%	229 7%	184 7%	106 6%	656 6%
Discharges					
Discharged (new Resource Allocation Plan guidelines)	409 13%	346 11%	196 7%	189 10%	1,140 11%
Discharged (Routine)	428 14%	313 10%	250 9%	202 11%	1,193 11%

The table below depicts home support hours and nursing visits by health region for clients on August 26 and November 30.

Home Support Hours and Nursing Visits per Client per Month
Based on Resource Allocation Plans for August 26 and November 30, 1996

Region	Home Support Hours		LPN Visits		RN Visits	
	Aug 26	Nov 30	Aug 26	Nov 30	Aug 26	Nov 30
Central	24.2	19.5	1.3	1.1	2.4	1.1
Eastern	12.5	9.2	1.1	0.9	1.1	1.0
Western	14.4	10.8	1.0	0.9	1.0	0.8
Northern	13.9	11.3	0.8	0.6	1.2	1.2
Province	16.5	12.7	1.1	0.9	1.5	1.0

4

Summary

Until 1995, Nova Scotia was more than a decade behind the rest of the country with the development of a comprehensive, provincial Home Care program.

There was much catching up to do in a very short period of time. And since the launch of the provincial program, Home Care has been criticized for not doing enough, quickly enough, for enough people.

When Home Care Nova Scotia was launched, it was planned that the program would not reach maturity for several years. Home Care has been built in stages as funding and resources have become available.

Many improvements have been made along the way. And there will be improvements to come as the program matures over the next few years.

An ever increasing number of Nova Scotians have benefited from Home Care services. The fundamental goal is to serve Nova Scotians with the greatest unmet health and safety needs to help them maintain their independence while living in their own homes and their own communities. In years to come, as baby boomers get older, there will be increased demands on the Home Care program, as discussed during a recent consultation on future directions for the program.

The Program Review provided the opportunity to review policies put in place on June 1, 1995 and to evolve these policies. Changes made during the Program Review have made Home Care more sustainable for the future.

Planned increases in funding for the next two years will allow Home Care Nova Scotia to continue with its planned, step-wise, methodical development.

Much has been achieved -- and there is much work left to do.

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Appendix

The Home Care Mission

Home Care Nova Scotia is a program that delivers an array of services to assist Nova Scotians of all ages who have assessed unmet needs to maintain maximum independence while living in their own homes and communities.

What is Home Care?

Home Care Nova Scotia fosters client independence, empowerment, and client and family involvement in care. Home Care Nova Scotia services support the individual and informal caregivers by helping to sustain the natural support system. Home Care services are intended to supplement, not replace, assistance usually provided by the individual, family and community resources. Home Care services are provided based on individual client needs.

As identified in the 1994 *Home Care Nova Scotia: Plan for Implementation*, a phased-in approach to building a comprehensive home care program is being taken. This will result in a methodical expansion of Home Care Nova Scotia with a view to achieving the long term vision of home care over several years. Currently there are two implemented categories of home care: Chronic Home Care and Home Hospital Care. These categories provide home support, nursing and personal care services to address unmet functional needs in order to assist Nova Scotians of all ages to remain at home. Over time, the other categories to be added to the program include: Self-Managed Home Care, Palliative Home Care, Pediatric Home Care, Rehabilitation Home Care and Extraordinary Assistance Home Care.

Home care is "an array of (health and social support) services which enables clients incapacitated in whole or in part to live at home, often with the effect of preventing, delaying or substituting for long term care or acute care alternatives. Home care may be delivered under numerous organizational structures, and similarly numerous funding and client payment mechanisms. It may address needs ... associated with" a specific diagnosis (e.g. diabetes, schizophrenia), "and/or may compensate for functional deficits in the activities of daily living (e.g., bathing, cleaning, food preparation). Home care is a health program, with health broadly defined; to be effective it may have to provide services which in other contexts might be defined as social or educational services (e.g., home maintenance, volunteer services). Home Care may be appropriate for people with minor health problems and disabilities and for those who are acutely ill requiring intensive and sophisticated services and equipment. There are no upper or lower limits on the age at which home care may be required, although as in other segments of the health system, utilization tends to increase with age."
[Federal/Provincial/Territorial Working Group on Home Care, *Report on Home Care*, 1990. Health and Welfare Canada.]

Chronic Home Care provides needed home support, personal care and nursing services to persons with assessed unmet needs who are convalescing, chronically ill, disabled, or experiencing debilities of old age.

Home Hospital Care provides nursing services, and may provide home support and/or personal care services to meet the needs of individuals with acute episodic illnesses that may be treated safely and effectively in the home, based on assessed need.